

## 25<sup>th</sup> ID Motorcycle Operator's Contract

I understand that I am a Soldier 24 hours a day and the following actions are required for me to operate a motorcycle on or off post:

- I must complete the required motorcycle safety courses.
- My personal protective equipment (PPE) will consist of a Dept. of Transportation (DOT) approved helmet (properly fastened under the chin), approved eye protection (American National Standards Institute Standard Z87.1-2003 or greater) Full fingered leather gloves or mittens designed for use on a motorcycle, a long sleeves shirt or jacket, long pants, boots or sturdy over the ankle shoes designed for motorcycle use. A reflective vest, jacket, or upper outer garment will be worn during the hours of 1900-0700.
- · PPE applies to passengers.

**Commanders Signature** 

- No matter what state law is, I will always wear a DOT approved helmet.
- I will report any motorcycle accident I experience.

I will always operate my motorcycle in a safe and disciplined manner

I understand that failure to comply with Army regulations could result in my loss of motorcycle riding privileges. If I am involved in a motorcycle accident and I have violated any of the military regulations governing motorcycles, I could be held liable for all medical costs that I incur. Additionally, if I violate any of the requirements and sustain fatal injuries, my survivors could be denied military benefits.

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Make	Model	Year	Engine CC		
I am associated	d with the following r	motorcycle organization(	s):		
Name of organi	ization				
Address of orga	anization				
		(or additional) motorcyc ain of command (within		ciated with a moto	orcycle organization, l
over Army or	25 <sup>th</sup> ID policies or nsibility to operate a	nization rules on operatir regulations. Additionally a motorcycle safely and	y, motorcycle orgar	nization rules do	not relieve me from
		Date			
Operator Sign	ature				
		Date			
1SG Signature	•				
		Date			